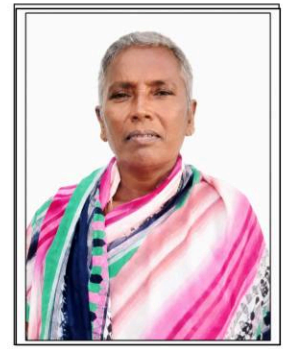


**FORM NO. 93****[See rule 158]****Application for Allotment of Permanent Account Number****[For an Individual being a Citizen of India]**

Sr. No.

**PART A - Personal Information****1. A. Name**

First Name

K U R U B A R U

Middle Name

Last Name

M A L L A M M A

**B. Name (as per Aadhaar)**

K M A L L A M M A

**2. Gender (select one)**☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

**3. Date of Birth**

0 1

0 1

1 9 7 7

**4. Aadhaar Number**

7 8 1 6 2 5 5 4 6 4 5 2

**5. Residence Address**

Flat/Door/Building

9 8

Road/Street/Block/Sector

M A I N R O A D

Post Office

P O S T O F F I C E

Area/Locality/Town/City

S I R U G U P P A

District

B A L L A R I

State/Union Territory

KARNATAKA

Country/Region

I N D I A

PIN / ZIP CODE

5 8 3 1 1 4

**6. Office Address**

Flat/Door/Building

Road/Street/Block/Sector

Post Office

Area/Locality/Town/City

District

State/Union Territory

Country/Region

PIN / ZIP CODE

**7. Residential Status (select one as applicable)**☒ Tick

Resident

☐ Tick

Non Resident

☐ Tick

Resident but Not ordinarily Resident

**8. Passport Number (mandatory for (i) Non Resident (ii) Resident but not ordinarily resident)****9. Taxpayer Identification Number (TIN) in the Country of Residence (if any)****10. Contact Details**

(i) Mobile Number

Country Code

9 1

Mobile Number

8 9 0 4 3 3 0 4 9 8

(ii) Email ID

Adigowda03@Gmail.com

(iii) Landline No. with STD Code (if any) STD Code

Landline Number

**PART B- Source of Income****11. Source of Income (select one or more)**☐ Tick

Salary

☐ Tick

Income from Business/Profession

☐ Tick

Income from House Property

☐ Tick

Capital Gains

☒ Tick

Income from Other Sources

☐ Tick

No Income

**PART C - Details of Parents****12. Whether mother/father is a single parent? (select one)**☐ Tick

Yes

☒ Tick

No

**13. Father's First Name**

A D I

Father's Middle Name

Father's Last Name

V A N K E R A P P A

15. Name of parent to be printed on Permanent Account Number card (select one) ☒ Father ☐ Mother

|                                    |                  |   |   |   |              |   |   |
|------------------------------------|------------------|---|---|---|--------------|---|---|
| 16. Assessing Officer<br>(AO Code) | (i) Area Code    | K | A | R | (ii) AO Type | C |   |
|                                    | (iii) Range Code | 4 | 2 | 1 | (iv) AO No.  | 9 | 1 |

| 20. Representative Assessee Address |                               |
|-------------------------------------|-------------------------------|
| Flat/Door/Building                  |                               |
| Road/Street/Block/Sector            |                               |
| Post Office                         |                               |
| Area/Locality/Town/City             |                               |
| District                            |                               |
| State/Union Territory               | Country/Region PIN / ZIP CODE |

[illegible]

22. Address for Communication (select one) ☒ Residence Address ☐ Representative Assessee Address ☐ Office Address

☒ (i) Proof of Identity      ☒ (ii) Proof of Address      ☒ (iii) Proof of Date of Birth

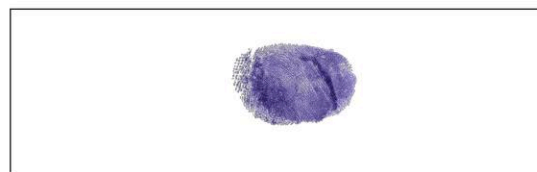
☐ (i) Proof of Identity ☐ (ii) Proof of Address

a. I, K MALLAMMA, in the capacity of SELF (Self/ Representative Assessee) do hereby declare that  
what is stated above is true to the best of my knowledge and belief.

b. I declare that the applicant does not possess Permanent Account Number and shall be liable for legal consequences under Income-Tax Act, 2025 if this declaration is found to be incorrect

Place. BALLARI

Date..26/08/2026



(Signature /Left Hand Thumb Impression of Applicant or Representative  
Assessee)

Name: K MALLAMMA

Designation: **AUTHORIZED PERSON**



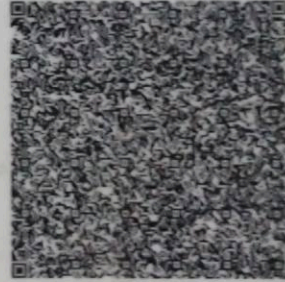
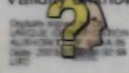
ಭಾರತ ಸರ್ಕಾರ  
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ  
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0821/90893/48218

To  
ಕೆ ಮಲ್ಲಮ್ಮ  
K Mallamma  
W/O K Bheemanna  
98  
Basaveshawara Colony  
Vattumurvani  
Vattumurvani  
Bellary Karnataka - 583114  
8904330498

Validity: unknown



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

7816 2554 6452

VID : 9101 8665 2438 9565

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ  
Government of India



ಕೆ ಮಲ್ಲಮ್ಮ  
K Mallamma  
ಜನನ ದಿನಾಂಕ/DOB: 01/01/1977  
FEMALE

ನಿಮ್ಮ ಆಧಾರ್: 08/10/2013

7816 2554 6452

VID : 9101 8665 2438 9565

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



Ayushman Bharat Health Account (ABHA)  
आयुष्मान भारत स्वास्थ्य खाता (आभा)



Name/ ಹೆಸರು

**K Mallamma**

ಕೆ ಮಲ್ಲಮ್ಮ

Abha Number/ ಅಭಾ ಸಂಖ್ಯೆ

**91-2507-4154-3830**

Abha Address/ ಅಭಾ ವಿಳಾಸ

**k.mallamma9013@abdm**



Gender/ ಲಿಂಗ  
**Female / ಹೆಣ್ಣು**

Date Of Birth/ ಹುಟ್ಟಿದ ದಿನಾಂಕ  
**01-01-1977**

Mobile/ ಮೊಬೈಲ್  
**8904330498**



Ayushman Bharat Health Account (ABHA)  
आयुष्मान भारत स्वास्थ्य खाता (आभा)



#### Instructions

Toll-Free Number: 1800 114 477

- With this ABHA you have become a part of India's digital health ecosystem.  
इस आभा के साथ आप भारत के डिजिटल हेल्थ इकोसिस्टम का हिस्सा बन गए हैं।
- ABHA provides you a unique identification and helps in storing - safekeeping all your digital health records at one place.  
आभा आपको एक विशिष्ट पहचान प्रदान करता है और आपके सभी डिजिटल स्वास्थ्य रिकॉर्ड को सुरक्षित एक ही स्थान पर संग्रहीत रखने में मदद करता है।
- You can download the ABHA mobile app, Aarogya Setu or other ABDM enabled app to view and share your digital health records with ABDM registered healthcare service providers.  
आप एबीडीएम पंजीकृत स्वास्थ्य सेवा प्रदाताओं के साथ अपने डिजिटल स्वास्थ्य रिकॉर्ड देखने और साझा करने के लिए आभा मोबाइल ऐप, आरोग्य सेतु या अन्य एबीडीएम सक्षम ऐप डाउनलोड कर सकते हैं।
- If this card is lost kindly download it from [www.abha.abdm.gov.in](http://www.abha.abdm.gov.in), it is digitally acceptable.  
यदि यह कार्ड खो जाता है तो कृपया इसे [www.abha.abdm.gov.in](http://www.abha.abdm.gov.in) से डाउनलोड करें, यह डिजिटल रूप से स्वीकार्य है।